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ABSTRACT

The paper is the second of a series of working papers developed by a project which conducted a cooperative study of existing student study team processes in nine California special education local plan areas. The working papers augment the final report by providing detailed descriptions of the methods used and the preliminary findings. This document consists of a compilation of data collection forms and includes an overview with flowchart and timeline, checklist of data collection tasks, guidelines for the selection of staff, student study teams, and students participating in the school data collection, the survey form for study team participants, the log of student study team process decisions, a list of participating districts, the individual student record data collection form, a partial listing of possible instructional modifications, and survey compilation forms. (DB)

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Coop Agreement No.
G0084C3505

Notebook for Data Collection and Submission

A Working Paper for Use by Special Education
Local Plan Area Representatives,
Participating Districts, and Schools
in the Cooperative Evalution Study
of Existing Student Study Team Processes

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Prepared by

Program Evalution and Research Division
Special Studies and Evalution Reports Unit
Andrew C. Hickman, Research Assistant
Geoffrey P. Stockdale, Research Associate
Margaret Merrick Scheffelin, Project Director

October 11, 1985

Cooperative Agreement Number G0084C3505
Working Paper No. 2

PROJECT DIRECTOR'S FOREWARD

This document is one in a series of five working papers produced by staff members of a project established to conduct a cooperative evaluation study of existing student study team processes. The project was partially funded under a cooperative agreement between the Office of Special Education Programs of the U.S. Department of Education and the Program Evaluation and Research Division of the California State Department of Education. The Division assigned the responsibility for administering the project to the Special Studies and Evaluation Reports Unit. The study was conducted in close collaboration with a Project Advisory Committee and staff from 31 schools in 22 school districts in nine randomly selected Special Education Local Plan Areas in California. All local participating agencies and schools were volunteers and were operating some form of student study team process. The duration of the study was from October 1984 through June 1986.

The purpose of this series of working papers is to augment the final report of the study by providing detailed descriptions of (1) the methods developed and used in the study and (2) the preliminary findings which had been presented to local and state- level participants in the study for their review and comment. The title of the final report is "Existing Student Study Team Processes in Selected Volunteer Special Education Local Plan Areas, School Districts, and Schools in California: A Descriptive Evaluation Study." The report, like the working papers, has been submitted to ERIC for dissemination.

The working papers are listed below in the order in which they were completed in final form.

Stockdale, Geoffrey, and Margaret Merrick Scheffelin. "Six Aspects of Existing Student Study Team Processes in Participating Schools, Districts, and SELPAs." Working Paper No. 1. July 1985.

Hickman, Andrew, Geoffrey Stockdale, and Margaret Merrick Scheffelin. "Notebook for Data Collection and Submission: A Working Paper for Use by Special Education Local Plan Area Representatives, Participating Districts, and Schools in the Cooperative Evaluation Study of Existing Student Study Team Processes." Working Paper No. 2. October 1985.

Moger, Roxanne. "Existing Student Study Team Processes in Selected Volunteer Special Education Local Plan Areas, School Districts, and Schools in California: A Descriptive Evaluation Study: Draft Preliminary Findings." Working Paper No.3. April 1986.

Hickman, Andrew, and Geoffrey Stockdale. "A Summary of Responses to the Survey of Student Study Team Participants." Working Paper No. 4. June 1986.

Smith, Kay Slavin. "Procedural Treatment of Individual Student Record Form (Form 13) Data." Working Paper No. 5. June 1986.

To the project staff's knowledge, this study is the first in the nation to yield information on the characteristics of students brought to the attention of student study team processes. There were no tested data collection instruments available for use or adaptation. Project staff, members of the Advisory Committee, and local staff worked cooperatively to develop, review, and complete the data collection forms; to review and critique the preliminary findings; and to review the draft of the final report. The analysis of the data was done by project staff. Analyzing survey data was fairly straightforward; analyzing the intensive student data was a task of another order of magnitude. Much credit is due to the project staff, who successfully carried on the simultaneous tasks of data analysis and flood control. It is common to safeguard one's data from ordinary mishaps such as misfiling or inadvertent discarding of subtotals. It is rare to safeguard one's data from the ever-rising waters of a river threatening to overflow the levee behind the building in which one is working.

In the spirit of shared scholarship the staff offers these working papers as a record of their thought and work and as an assist to scholars who may be examining similar topics in the future. In the spirit of giving credit where credit is due, I wish to acknowledge the creative and assiduous work of the members of the project staff, all of whom were graduate students at California State University, Sacramento, during their work in the project. In the order in which they began their work, they are Geoffrey Stockdale, Andrew Hickman, Kay Slavin Smith, and Roxanne Moger. Staff members Stockdale, Smith, and Moger are in the field of communication studies; Mr. Hickman's field is psychology.

As one of the first evaluation studies funded under the expanded evaluation authorization of Public Law 98-199, the information may be used at local, state, and federal levels. It must be noted that nothing in these working papers, or in the final report, is to be construed as an official policy or position of either the California State Department of Education or the U.S. Department of Education. Finally, the responsibility for omissions and inaccuracies must remain mine, as project director.

Margaret Merrick Scheffelin, Ph.D.
Consultant, Program Evaluation & Research Division

Sacramento, California.
June 1986.

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Figure 1
Data Collection Overview.

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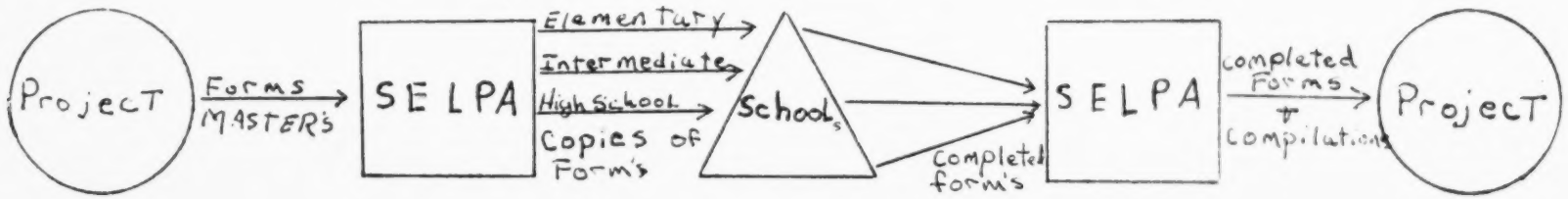
Data Collection and
Compilation Flowchart.



Timeline

Form #	Approx. Date Mailed by Project	Data Collection at Schools Ends	All Forms Due at Project
10/14 Survey	Oct. 15	Nov. 4	Nov. 15
11/15	Oct. 15-20	Dec. 13	Dec. 20 to Jan. 6/86
12/16	DROPPED		
13/17	Oct. 15-20	Dec. 13	Dec. 20 to Jan. 6/86

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CHECKLIST OF DATA COLLECTION TASKS

Date Done:

1. Select samples at school:
   a. Staff for Survey _____
   b. Student study teams for Log _____
   c. Students for Student Record _____

2. Copy and distribute:
   a. Survey and Project Overview _____

3. Select and orient persons to complete:
   a. Log(s) _____
   b. Student Record(s) _____

4. Copy and distribute Log and Student Record forms:
   a. Log form with Confidentiality Coding and Partial List of Modifications _____
   b. Student Record forms with Confidentiality Coding and Partial List of Modifications if needed _____

5. Return of data collection forms to SELPA
   a. Form 10: Survey (Nov. 4?) _____
   b. Form 11: Log (Dec. 13 to 19?) _____
   c. Form 13: Student Record (Dec. 13 to 19?) _____

6. Complete Compilation forms and send with completed data collection forms to Sacramento:
   a. Forms 14 and Surveys _____
   b. Forms 15 and Logs (photocopy before sending) _____
   c. Forms 17 and Student Records (photocopy before sending) _____

Figure 2:

Selecting School Staff, Student Study Teams,
and Students to Participate in the
School Data Collection

Form	Recommendations on Selections
#10 Survey Schools that have 10 staff or fewer.	Select all 10
Schools that have more than 10 staff.	Select at least 10, and may add others as desired. Example: All regularly attending members plus a random sample of other staff. There is no limit on the number of survey forms the project staff will analyze.
#11 Log Schools that have only one Student Study Team	Select that team
Schools that have more than one Student Study Team	If you have more than one team ask yourself, do you want information about all of them? Is it feasible? If not, which level gives you the most typical picture? Do you need all levels? There is no limit to the number of Log forms the project staff will analyze.
#12	DROPPED
#13 Individual Student Record Student Study Teams that have logged in 10 students or fewer.	Use all students
Student Study Teams that have logged more than 10 students.	Select a minimum of 10 and a maximum of 20 students. Choose 10 at random and select others (up to 10) to illustrate the variety of student characteristics and types of modifications suggested.

CALIFORNIA STATE DEPARTMENT OF EDUCATION | **Bill Honig**
721 Capitol Mall | Superintendent
Sacramento, CA 95814-4785 | of Public Instruction

Coop Agreement No.
G008403505

COOPERATIVE EXPLORATORY STUDY ON STUDENT STUDY TEAM PROCESSES

Project Overview

Conducted under a cooperative agreement between the California State Department of Education and the United States Department of Education, the project is examining the purposes, composition, operation, and outcomes of existing student study team processes with a selected group of 29 regular elementary and secondary schools in California in 22 school districts in nine volunteer Special Education Local Plan Areas: Colusa County, Modoc County SELPA, Mt. Diablo Unified School District, North Region SELPA of Alameda County, Siskiyou County SELPA, Tri-City Consortium (Calaveras, Amador, Tuolumne), Ventura County SELPA, and West End SESR of San Bernardino County. One main purpose of a student study team process is to provide technical assistance to teachers in order to help their students to succeed. The study is descriptive, not experimental or prescriptive. The 18 month funding period is from October 1, 1984 through March 31, 1986, with costs shared (state $81,560 and federal $122,340). The large scope of the project is possible only with local contribution of interest, experience, time and energy. The authorization for the Secretary of Education to enter into cooperative agreements comes from P.L. 98-199.

A Project Advisory Committee is actively involved in planning and reviewing the operation of the project. The members of the Project Advisory Committee are as follows: Dr. Stephen A. Fiss, Alum Rock Union Elementary School District; Dr. Carolyn Fowle, Assistant Director, Program Evaluation and Research Division, California State Department of Education; Ms. Dora Golden, Los Angeles Unified School District; Milton B. LeCouteur, Ventura County Special Education Services Area Consortium, and President, SELPA Directors Association; Betty Richland, Assistant Director, Special Education Division, California State Department of Education; Marie Otto, Superintendent, Huntington Beach Union High School District; Dr. S. Jerry Trow, Office of the Stanislaus County Superintendent of Schools, and Professor Alice Watkins, California State University, Los Angeles, Member, Commission on Special Education.

The second of three scheduled workshops was held on September 27, 1985. Intensive data collection will take place in the fall semester of 1985-86. Information gathered by school staff will be analyzed by project staff, Geoffrey Stockdale and Andrew Hickman, and shared among participants. A final report is expected to be ready by June 30, 1986. For futher information, contact Margaret Merrick Scheffelin, Ph.D., Project Director, Program Evaluation and Research Division, (916) 322-5012.

MS/GS/AH 10/10/85

Please return to:

District _____

_____

SELPA _____

_____

DATA COLLECTION FORM 10

Survey of Student Study Team Participants

Cooperative Evaluation Study
Of Existing Student Study
Team Processes

Coop Agreement No.
G0084C3505

Information recorded by: _____
(Name)

_____
(Position)

_____
(School)

_____
(Date)

Instructions

Answer these questions from your own experience with student study team processes. For each iten please check all that apply.

1. There are many purposes of the student study team. Check all of the purposes of the student study team at your school, and the effectiveness with which they are met.

   1.1 In some cases the student is an explicit focus of student study team purposes.

	Purpose Of Our SST	Effectiveness at Meeting Goals		
		Poor	Moder-ate	Excel-lent
a. To provide a quick, professional approach to maximizing each student's education.	( )	( )	( )	( )
b. To ensure correct academic placement of students.	( )	( )	( )	( )
c. To develop interventions which enable students to function in the regular education program.	( )	( )	( )	( )

	Purpose Of Our SST	Effectiveness at Meeting Goals: Poor	Moderate	Excellent
d. To serve <u>all</u> students experiencing learning problems.	( )	( )	( )	( )
e. To serve <u>all</u> students experiencing emotional problems.	( )	( )	( )	( )
f. To serve <u>all</u> students experiencing behavioral problems.	( )	( )	( )	( )
g. To serve students in the regular education program having learning problems.	( )	( )	( )	( )
h. To serve students in the regular education program having emotional problems.	( )	( )	( )	( )
i. To serve students in the regular education program having behavioral problems.	( )	( )	( )	( )
j. To provide a vehicle for delivering appropriate services and interventions for students in a coordinated manner.	( )	( )	( )	( )

1.2 In some cases the technical assistance activities of the student study team are an explicit focus of student study team purposes.

a. To coordinate delivery of services to students.	( )	( )	( )	( )
b. To make recommendations for interventions.	( )	( )	( )	( )
c. To act as a resource in developing interventions.	( )	( )	( )	( )
d. To develop creative ways of dealing with students.	( )	( )	( )	( )
e. To provide assistance to classroom teachers.	( )	( )	( )	( )
f. To monitor progress of interventions.	( )	( )	( )	( )
g. To provide an immediate support system to classroom teachers.	( )	( )	( )	( )

	Purpose Of Our SST	Effectiveness at Meeting Goals: Poor	Moder-ate	Excel-lent
h. To provide regular education teachers an opportunity to brainstorm on student problems.	( )	( )	( )	( )
i. Tc provide a team approach to work on problems a student is experiencing.	( )	( )	( )	( )
j. To provide a problem solving body of specialists to which the teachers, counselors, and parents can turn for assistance with particular students.	( )	( )	( )	( )
k. To review cases that are difficult to solve.	( )	( )	( )	( )
l. To allow and encourage involved staff members and parents to add their knowledge and expertise in planning for the student.	( )	( )	( )	( )
m. To refer the student to other programs if further assistance is needed.	( )	( )	( )	( )

1.3 In some cases special education processes are an explicit focus of student study team purposes.

	Purpose Of Our SST	Effectiveness at Meeting Goals: Poor	Moder-ate	Excel-lent
a. To eliminate unnecessary assessment.	( )	( )	( )	( )
b. To provide secondary resource specialist program referrals.	( )	( )	( )	( )
c. To hold down the special education team paperwork.	( )	( )	( )	( )
d. To provide good background on students to the psychologist to facilitate effective selection of assessment tools.	( )	( )	( )	( )
e. To help coordinate categorical programs.	( )	( )	( )	( )

	Purpose Of Our SST	Effectiveness at Meeting Goals: Poor	Moder-ate	Excel-lent
f. To review individual student problems and plan alternative instructional strategies that can be tested in the regular classroom before a decision is made to refer the student to special education.	( )	( )	( )	( )
g. To discuss problems of students rather than decisions as to eligibility of student for special education programs.	( )	( )	( )	( )
h. To make remediation a total school enterprise rather than a concern for special education	( )	( )	( )	( )

1.4 In some cases an educational statute is an explicit focus of student study team purposes.

	Purpose Of Our SST	Effectiveness at Meeting Goals: Poor	Moder-ate	Excel-lent
a. To ensure compliance with California Education Code 56302. (Identification and referral of students, modification of regular instructional program.)	( )	( )	( )	( )
b. To ensure compliance with California Education Code 56303. (Referral of student only after the resources of the regular education program have been considered and where appropriate, utilized.)	( )	( )	( )	( )
c. To ensure compliance with the provisions of Public Law 94-142.	( )	( )	( )	( )

1.5 There may be other purposes for student study teams. not mentioned above, that apply at your school; please list them:

2. There are many participants in student study teams. Check those participants you consider regular members, or intermittent or support members, and add comments if you wish.

Participants	Regular Members	Intermittent or Support Members	Comments
a. Administrators			
Principal	( )	( )	
Assistant Principal	( )	( )	
Vice-Principal	( )	( )	
Principal's Designee	( )	( )	
Management Trainee	( )	( )	
b. Teachers			
Student's classroom teacher	( )	( )	
Student's previous teacher	( )	( )	
Teacher receiving student	( )	( )	

Participants	Regular Members	Intermittent or Support Members	Comments
Student's core teacher	( )	( )	
Student's elective teacher	( )	( )	
Teacher-member of student study team	( )	( )	
Other interested teacher	( )	( )	
Miller-Unruh Project teacher	( )	( )	
Opportunity class teacher	( )	( )	
Resource teacher	( )	( )	
Speech teacher	( )	( )	
Special day-class teacher	( )	( )	
English-as-Second Language Teacher (ESL)	( )	( )	
Remedial/Supplemental teacher	( )	( )	
c. Specialists			
Reading	( )	( )	
Mathematics	( )	( )	
Physical Education	( )	( )	
Resource	( )	( )	
Speech	( )	( )	
Bilingual Education	( )	( )	
Migrant Education	( )	( )	
Gifted and Talented Education (GATE)	( )	( )	
Chapter 1	( )	( )	

Participants	Regular Members	Intermittent or Support Members	Comments
School Improvement	( )	( )	
Audiologist	( )	( )	
Psychologist	( )	( )	
Counselor	( )	( )	
Guidance Consultant	( )	( )	
Nurse	( )	( )	
Home-school Coordinator	( )	( )	
Special Education Clerk	( )	( )	
Administrative Secretary	( )	( )	
Interpreter	( )	( )	
Social Worker	( )	( )	
Physician	( )	( )	
Probation Officer	( )	( )	
Parents	( )	( )	
Student	( )	( )	

d. Other (Please specify.) _____

_____

_____

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3. The Student Study Team Process:

Student study teams engage in a variety of activities. Indicate the statements below that apply to the student study team process at your school.

a. Identification of students meriting referral. ( )

b. First stage data gathering in referral. ( )

c. Review of referral/request for SST assistance. ( )

d. Student study team scheduling. ( )

e. The student study team meeting. ( )

f. Implementation of modifications/interventions. ( )

g. Review of case (follow-up, progress report, update). ( )

h. Other (Please specify.) _____

_____

_____

4. Many resources for suggestions, modifications and interventions are described in the literature.

4.1 Which of the following resources are available at your school. (Check all that apply.)

a. Teacher time ( )

b. Teaching aids and materials ( )

c. Other participants' time ( )

d. Assessment/Data collection materials ( )

e. Student study team process materials (forms, etc.) ( )

f. Miscellaneous materials/resources (Please specify.) _____

_____

_____

Rev. 10/16/85

4.2 Which of the following modifications are practical for a student study team at your school to suggest?

a. Environment (example: change seating) ( )

b. Materials (audio-visual aids) ( )

c. Assignments (shorten or simplify) ( )

d. Teaching techniques ( )

e. Learning modality (visual, auditory, tactile) ( )

f. Parent contact ( )

g. Outside resource interventions ( )

h. Behavior shaping ( )

i. Miscellaneous other; specify: _____

_____

5. What process(es) does your student study team use to recommend intervention techniques?

a. individual discussion and group decision ( )

b. individual discussion and referring teacher reaction ( )

c. student participation in discussion ( )

d. parent participation in discussion ( )

e. leader directs discussion ( )

f. leaderless group, leader emerges ( )

g. other; specify: _____

_____

Rev. 10/16/85

6. Which of these procedures are used to report or determine the "success" of recommended modifications?

   a. No feedback is given to the student study team on the "success" of modifications and the absence of feedback:
      1. is taken as "no news is good news" ( )
      2. is a problem for the student study team ( )

   b. Verbal or written feedback is given to the student study team by:
      1. person(s) responsible for modfications/interventions ( )
      2. other observers to modifications/interventions ( )

   c. Verbal or written feedback is given to the student study team by:
      1. a predetermined review date ( )
      2. any regularly scheduled meeting ( )
      3. emergency meetings ( )

   d. Student study team discusses feedback on "success" of modifications/interventions and:
      1. unquestioningly accepts judgments of person offering feedback ( )
      2. discusses and evaluates feedback on "success" of modifications/interventions ( )
      3. develops a consensus on judgment of the "success" of modifications/interventions ( )
      4. accepts the interpretation of an influential team member on the "success" of modifications/interventions ( )

   e. A formal report by an outside agency (such as community mental health, the probation department, child protective services, etc.) may lead to a student study team judgment of the "success" of modifications/interventions ( )

   f. Other procedures may be used to determine the "success" of modifications/interventions. Please specify those that apply at your school: _____

      _____

      _____

      _____

7. Which of these procedures are used to report or determine the success of particular students after modification/intervention?

   a. Individual judgments of student school behavior, academic performance, and social/emotional adjustment may be made by:

      1. the student's teacher(s) ( )
      2. other teachers ( )
      3. student study team members ( )
      4. other involved professionals ( )
      5. the student's parents ( )
      6. the student's tutor ( )
      7. others; please specify: _____

      _____

   b. Records may be used to judge changes in student school behavior, academic performance and social/emotional adjustment by:

      1. counting the number of tardies ( )
      2. counting the number of absences/truancies ( )
      3. counting the number of fights ( )
      4. incidence of "acting out" in class ( )
      5. counting the number of questions answered in group discussions ( )
      6. classroom test scores ( )
      7. completeness of work ( )
      8. achievement test scores ( )
      9. proficiency tests for graduation ( )
      10. expert observers' reports (such as school nurse or psychologist) ( )
      11. various accepted tests of emotional development or stability ( )
      12. other; please specify: _____

8. Which of these criteria are used to judge the "success" of a particular student after modifications have been made?

   a. A change in academic achievement such as:

      1. a decline from previous performance ( )
      2. an improvement over previous performance ( )
      3. a closer match between achievement and ability ( )
      4. other; please specify: _____

         _____

   b. Behavioral changes such as:

      1. a reduction of an unwanted behavior ( )
      2. elimination of an unwanted behavior ( )
      3. persistence of an unwanted behavior ( )
      4. appearance of a new, desirable behavior (such as participation in group discussions) ( )
      5. other; please specify: _____

         _____

   c. Social/emotional changes such as:

      1. increased emotional maturity ( )
      2. improved emotional stability ( )
      3. increased frustration threshold ( )
      4. decrease in visible anxiety ( )
      5. reduction in emotional display (crying, intense anger, etc.) ( )
      6. other; please specify: _____

         _____

9. Which of these factors support an effective student study team process at your school?

(Many student study team participants are active in teams at more than one school level, intermediate and secondary, or elementary and intermediate. Therefore, some respondents will want to check more than one box at the right where applicable.)

a. Leadership is provided to the student study team through:

	Elementary	Intermediate	Secondary
1. site administrator attendance of student study team meetings	( )	( )	( )
2. attendance of a "designee" of the site administrator at student study team meetings	( )	( )	( )
3. a chairperson of student study team meetings	( )	( )	( )
4. a facilitator to keep discussions "on track" at student study team meetings	( )	( )	( )
5. expressed (written or verbal) support of the student study team by the site administrator	( )	( )	( )
6. an expressed (written or verbal) expectation by the site administrator that regular education staff will participate in student study team meetings	( )	( )	( )
7. staff time for a student study team coordinator	( )	( )	( )
8. expert discussion in student study team	( )	( )	( )

9. other; please specify: _____

_____

Comments: _____

_____

Rev. 10/16/85

b. There is active acceptance of responsibility for team success:

	Elementary	Intermediate	Secondary
1. the team as a group "shares" in the successes of modification/intervention	( )	( )	( )
2. individuals accept responsiblity for tasks to be completed outside meetings	( )	( )	( )
3. regular education teachers accept responsibility for student referrals to the student study team	( )	( )	( )
4. individuals complete tasks outside meetings by expected completion dates	( )	( )	( )

5. other, please specify: _____

_____

Comments: _____

_____

c. There is active cooperation in problem identification and modification/intervention:

	Elementary	Intermediate	Secondary
1. all staff involved with modifications for a particular student attend meetings of the student study team	( )	( )	( )
2. regular education and special education staff communicate informally outside student study team meetings on student, problems	( )	( )	( )
3. representatives of appropriate community agencies are invited to participate in student study team meetings	( )	( )	( )
4. parents are invited to become active members of student study team meetings to discuss their children	( )	( )	( )

5. other, please specify _____

_____

Comments: _____

_____

d. Communication supports team effectiveness by:

	Elementary	Intermediate	Secondary
1. keeping records of student study team decisions and task assignments	( )	( )	( )
2. written reminders to student study team members of upcoming meetings	( )	( )	( )
3. written reminders of upcoming meetings that include student names and information on the current status of modifications	( )	( )	( )
4. review dates specified at the time of initial modifications	( )	( )	( )

5. other, please specify _____

_____

Comments: _____

_____

e. There may be other factors that support effective student study teams at elementary, intermediate and secondary levels. Please indicate which level of school applies._____

_____

_____

_____

_____

_____

Thank you. Please return this form as soon as possible to your school representative who will send it to your SELPA representative. We appreciate your time and effort.

A copy of the preliminary version of the final report of this project should be arriving at your school/SELPA about March 1, 1986.

Coop Agreement No.
G0084C3505

Please Return to:

DATA COLLECTION FORM #11

District_____

Log of Student Study Team
Process Decisions

SELPA_____

Cooperative Evaluation Study
Of Existing Student Study
Team Processes

Recorded for a period beginning no later than November 1, 1985 (data may cover a period beginning as early as the first of the fall semester 1985-86) and ending no later than December 13, 1985.

Name of person keeping log: _____

Position: _____

School: _____

Instructions

This Log should be kept for each meeting of each student study team selected for data collection in the project. For each student check whatever decisions were arrived at, including any modifications to the regular class program suggested to the referring teacher, and any referral to other services/assessment.

At the end of the data collection period, please return this log to the school representative for returning to the SELPA representative, who will return it to the project director at the State Department of Education. Thank you in advance for your participation in the study and your time and effort during the data collection period.

Instructions for Assuring Confidentiality of Personally Identifiable Information.

Before the completed form is returned to the project director at the State Department of Education; the student names must be removed, and their project identification numbers must be marked on the form.

FORM 11, Rev. 10-9-85; AH/GS/MS

MEETING DATE	RECORDED BY	STUDENT'S NAME & I.D. NUMBER (Remove Student Names Before Returning To SELPA)	INITIAL REFERRAL TO SST	SELECTED FOR FORM #13 STUDENT RECORD	DECISIONS MADE IN SST (check)			
					MODIFY SCHOOL PROGRAM	REFER FOR: SERVICES	REFER FOR: ASSESSMENT	OTHER

FORM 11, Rev., p.2, 10-2-85; AH/GS/MS

Coding For Student Confidentiality

We have drafted a coding scheme to ensure the confidentiality of data on individual students. We believe a five digit code will suffice for maintaining student confidentiality while allowing for descriptive differentiations of SELPAs, districts and schools. The first digit would represent the SELPA, in a series from 1 to 9; the second digit would indicate a school in a services from 1 to 4; and the student within each school would be coded successively in order of participation in the student study team process in the last three digits, we believe a range of 1 to 999 should be sufficient for individual student numbers within each school. The confidentiality coding is presented in Figure 3.

We intend for all data on students to be identified with their code number in place of student's names. In no case should material leave school sites as data collected for this project with the names of students as identification. An example of this coding scheme would be where the following relationship between names and numbers is present:

> The code number 33007 would represent the seventh student (the last 3 digits:007) identified for data collection at College Park High (the second digit: 3) in the Special Education Local Plan Area of Mt. Diablo Unified School District (the first digit: 3); hence, 33007 represents SELPA 3, school 3, and the student number 007.

Figure 3

Coop Agreement No. G0084C3505

PARTICIPATING SCHOOLS, SCHOOL DISTRICTS AND

SPECIAL EDUCATION LOCAL PLAN AREAS

SELPAs	Districts	Schools
1 Colusa County	Colusa Unified	1 Burchfield Primary
	Maxwell Unified	2 Colusa High
		3 Maxwell Elementary
2 Modoc County	Modoc Joint Unified	1 Alturas Elementary
		2 Modoc Jr. High
		3 Modoc High
3 Mt. Diablo Unified	Mt. Diablo Unified	1 Ayers Elementary
		2 Glenbrook Intermediate
		3 College Park High
4 North Region SELPA	Alameda City Unified	1 Alameda High
	Albany City Unified	2 Cornell Elementary
	Berkeley Unified	3 Berkeley High
	Piedmont City Unified	4 Piedmont Middle
5 Siskiyou County	Hornbrook Elementary (one school district)	1 Hornbrook Elementary
	Weed Union Elementary	2 Weed Elementary
	Yreka Union High	3 Yreka High
6 Tri-City SELPA	Beverly Hills Unified	1 Beverly Hills High
	Culver City Unified	2 Farragut Elementary
	Santa Monica-Malibu Unified	3 John Adams Jr. High
7 Tri-County Consortium	Amador County Unified	1 Ione Elementary
	Calaveras Unified	2 San Andreas Elementary
	Sonora Elementary	3 Sonora Elementary
8 Ventura County Consortium	Fillmore Unified	1 San Cayetano Elementary
	Las Virgenes Unified	2 Calabasas High
	Rio Elementary	3 Rio Del Valle Elementary
9 West End SESR	Alta Loma Elementary	1 Alta Loma Jr. High
	Upland School District	2 Foothill Knolls Elementary
		3 Sycamore Elementary
		4 Valencia Elementary

Totals

9 Special Education Local Plan Areas (SELPAs)
22 School Districts
29 Schools

MS/GS/AH 10/15/85

Coop Agreement No.
G008405805

Please Return to:

DATA COLLECTION FORM #13

District_____

Individual Student Record

SELPA_____

Cooperative Evaluation Study
Of Existing Student Study
Team Processes

Information Recorded by:_____
(name)

_____
(school)

Instructions for Assuring Confidentiality of Personally Identifiable Information.

Before the completed form is returned to the project director at the State Department of Education, the student's name must be removed, and his or her project identification number must be marked on the form.

General Instructions.

There are five parts to this form, along with a partial list of possible modifications. Parts I,II,IV, and V should be completed for each student in your school sample. In completing Part II for a particular student, use only those pages that pertain to that student. Part III should be completed only for those students whom the student study team refers to other school or community services or to assessment.

Data Collection Period.

The ending date for entering new data in this Student Record Form is December 13, 1985. The beginning date is at the discretion of the school/SEPLA. That is, existing data already in student study team files or school files can be entered into this record.

Returning the Completed Forms.

At the end of the data collection period (December 13, 1985) please return the completed form to your school representative, who will forward it to your SELPA representative, who will forward it to the project staff in Sacramento.

We appreciate your time and effort. A preliminary report on the project should be arriving at your school/SELPA around March 1, 1986.

FORM 13, Rev. 10-9-85; GS/MS

FORM 13, Part I. Student Information

A. Student's name: _____
Last First Middle

B. Identification codes: _____ - _____ - _____
SELPA School Student

C. Student's birthdate: _____,19____
month date

D. Gender (check one) Male [ ] Female [ ]

E. Grade level of enrollment in fall semester 1985-86:_____

F. Dominant language:_____, other language(s) (specify)_____

_____

G. Program enrollment(s) as of referral date:_____, 19___.

(a) regular education (specify)_____ [ ]

(b) categorical programs (specify)_____ [ ]

(c) special education programs (specify)_____ [ ]

(d) school/district developed programs (specify)_____

_____ [ ]

(e) other (specify)_____ [ ]

FORM 13, Part II, Page A. READING

Student Name:_____

Student I.D.#:_____

STUDENT CHARACTERISTICS	In Relation To Modifications:		COMMENTS
	BEFORE	AFTER	
decoding	[ ]	_____	.
word attack skills/phonics . .	[ ]	_____	.
comprehension	[ ]	_____	.
speed	[ ]	_____	.
fluency	[ ]	_____	.
sight vocabulary	[ ]	_____	.
confuses words (was/saw, on/no, want/went)	[ ]	_____	.
Other, specify:_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification:_____

Date(s) of modification:_____

Provider(s) of modification:_____

Team judgment of student success after modification:_____

Criteria used?_____

COMMENTS:_____

_____

FORM 13, Part II, Page B. MATHEMATICS/ARITHMETIC Student Name:_____

Student I.D.#:_____

STUDENT CHARACTERISTICS	In Relation To Modifications:		COMMENTS
	BEFORE	AFTER	
facts/terms/symbols (=,+,-,±,x)	[ ]	_____	.
basic computation	[ ]	_____	.
word problems	[ ]	_____	.
concepts	[ ]	_____	.
application (money, time, measurement)	[ ]	_____	.
numeral reversals (12/21) . .	[ ]	_____	.
Other, specify:_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification:_____

Date(s) of modification:_____

Provider(s) of modification:_____

Team judgment of student success after modification:_____

Criteria used?_____

COMMENTS:_____

_____

FORM 13, Part II, Page C. SPELLING

Student Name:_____

Student I.D.#:_____

STUDENT CHARACTERISTICS	In Relation To Modifications: BEFORE	AFTER	COMMENTS
skill well below reading achievement	[ ]	_____	.
omits or adds letters	[ ]	_____	.
poor sequencing	[ ]	_____	.
spells phonetically	[ ]	_____	.
poor visual memory	[ ]	_____	.
sound-symbol difficulty . . .	[ ]	_____	.
endings	[ ]	_____	.
cannot spell from list or dictation	[ ]	_____	.
spells poorly in written assignments	[ ]	_____	.
guesses wildly when spelling .	[ ]	_____	.
skills well below grade level .	[ ]	_____	.
Other, specify:_____	[ ]	_____	.

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification:_____

Date(s) of modification:_____

Provider(s) of modification:_____

Team judgment of student success after modification:_____

Criteria used?_____

COMMENTS:_____

_____

FORM 13, Part II, Page D. WRITTEN LANGUAGE

Student Name:_____

Student I.D.#:_____

STUDENT CHARACTERISTICS	In Relation To Modifications: BEFORE	AFTER	COMMENTS
grammar	[ ]	_____	.
punctuation	[ ]	_____	.
capitalization	[ ]	_____	.
writing sentences	[ ]	_____	.
writing paragraphs	[ ]	_____	.
poor written expression . . .	[ ]	_____	.
Other, specify:_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification:_____

Date(s) of modification:_____

Provider(s) of modification:_____

Team judgment of student success after modification:_____

Criteria used?_____

COMMENTS:_____

_____

FORM 13, Part II, Page E-1. SPOKEN LANGUAGE

Student Name:_____

Student I.D.#:_____

STUDENT CHARACTERISTICS	In Relation To Modifications: BEFORE	AFTER	COMMENTS
poor grammar, articulation . .	[ ]	____	.
poor listening skills	[ ]	____	.
poor understanding of commands or directions	[ ]	____	.
limited vocabulary: speaking listening	[ ]	____	.
poor comprehension of discussion	[ ]	____	.
poorly retained auditory input .	[ ]	____	.
confusion between dominant and secondary language	[ ]	____	.
poor pronunciation	[[	____	.
blocks on "easy words" (word finding/retrieval difficulty)	[ ]	____	.
poor verbal orgainzation . . .	[ ]	____	.
uses words inaccurately . . .	[ ]	____	.
(Continued on E-2)			

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification:_____

Date(s) of modification:_____

Provider(s) of modification:_____

Team judgment of student success after modification:_____

Criteria used?_____

COMMENTS:_____

_____

Student Name:_____

Student I.D.#:_____

STUDENT CHARACTERISTICS	In Relation To Modifications:		COMMENTS
	BEFORE	AFTER	
unable to express thoughts and feelings	[ ]	_____	.
nonfluency	[ ]	_____	.
voice disorders	[ ]	_____	.
language processing difficulty .	[ ]	_____	.
Other, specify:_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification:_____

Date(s) of modification:_____

Provider(s) of modification:_____

Team judgment of student success after modification:_____

Criteria used?_____

COMMENTS:_____

_____

FORM 13, Part II, Page F. HANDWRITING

Student Name:_____

Student I.D.#:_____

STUDENT CHARACTERISTICS	In Relation To Modifications:		COMMENTS
	BEFORE	AFTER	
illegible	[ ]	_____	.
reverses (7-ᒣ, J-ᒐ)	[ ]	_____	.
difficulty copying from page and blackboard	[ ]	_____	.
skills well below grade level .	[ ]	_____	.
tense-tight writing style . .	[ ]	_____	.
poor rhythm	[ ]	_____	.
poor writing posture or pencil grip	[ ]	_____	.
unusual difficulty staying on lines	[ ]	_____	.
crowds writing at margins . .	[ ]	_____	.
Other, specify:_____	[ ]	_____	.
_____	[ ]	_____	.

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification:_____

Date(s) of modification:_____

Provider(s) of modification:_____

Team judgment of student success after modification:_____

Criteria used?_____

COMMENTS:_____

_____

FORM 13, Part II, Page G-1. GENERAL ACADEMIC PERFORMANCE

Student Name:_____

Student I.D.#:_____

STUDENT CHARACTERISTICS	In Relation To Modifications: BEFORE	AFTER	COMMENTS
grade point average (GPA) . . .	[ ]	_____	.
credits: behind, completed . .	[ ]	_____	.
performance in comparison to grade	[ ]	_____	.
low achievement in relation to "ability"	[ ]	_____	.
slow learner	[ ]	_____	.
few academic strengths	[ ]	_____	.
"appears to be very bright" . .	[ ]	_____	.
previous intervention/ modification history . . .	[ ]	_____	.
test results	[ ]	_____	.
does not exhibit reasoning . .	[ ]	_____	.
difficulty in learning and using concepts	[ ]	_____	.
(Continued on G-2)			

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification:_____

Date(s) of modification:_____

Provider(s) of modification:_____

Team judgment of student success after modification:_____

Criteria used?_____

COMMENTS:_____

_____

FORM 13, Part II, Page G-2. GENERAL ACADEMIC PERFORMANCE

Student Name:_____

Student I.D.#:_____

STUDENT CHARACTERISTICS	In Relation To Modifications: BEFORE	AFTER	COMMENTS
forgets previously learned material	[ ]	_____	.
knowledge gaps (surprises with what does/doesn't know) . .	[ ]	_____	.
learns better through some channels than others	[ ]	_____	.
learns some skills better than others	[ ]	_____	.
Other, specify:_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification:_____

Date(s) of modification:_____

Provider(s) of modification:_____

Team judgment of student success after modification:_____

Criteria used?_____

COMMENTS:_____

_____

FORM 13, Part II, Page H-1. ACADEMIC BEHAVIOR

Student Name:_____

Student I.D.#:_____

STUDENT CHARACTERISTICS	In Relation To Modifications: BEFORE	AFTER	COMMENTS
poor study habits	[ ]	_____	.
does not bring materials to class	[ ]	_____	.
does not use textbook effectively	[ ]	_____	.
does not follow directions, cannot follow directions . .	[ ]	_____	.
does not turn in homework . . .	[ ]	_____	.
wastes class time	[ ]	_____	.
has difficulty in taking notes .	[ ]	_____	.
gives up easily, acts helpless .	[ ]	_____	.
has limited attention span (less than ten minutes)	[ ]	_____	.
has difficulty understanding directions, questions or comments	[ ]	_____	.
cannot estimate classroom expectations without more data	[ ]	_____	.

(Continued on H-2)

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification:_____

Date(s) of modification:_____

Provider(s) of modification:_____

Team judgment of student success after modification:_____

Criteria used?_____

COMMENTS:_____

_____

FORM 13, Part II, Page H-2. ACADEMIC BEHAVIOR

Student Name:_____

Student I.D.#:_____

STUDENT CHARACTERISTICS	In Relation To Modifications:		COMMENTS
	BEFORE	AFTER	
carelessly executed work . . .	[ ]	_____	.
poor quality work	[ ]	_____	.
Other, specify:_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification:_____

Date(s) of modification:_____

Provider(s) of modification:_____

Team judgment of student success after modification:_____

Criteria used?_____

COMMENTS:_____

_____

FORM 13, Part II, Page I-1. SOCIAL/EMOTIONAL ADJUSTMENT

Student Name:_____

Student I.D.#:_____

STUDENT CHARACTERISTICS	In Relation To Modifications:		COMMENTS
	BEFORE	AFTER	
emotional cycle (good days and bad days)	[ ]	_____	.
cries easily	[ ]	_____	.
seems withdrawn	[ ]	_____	.
nervousness	[ ]	_____	.
nailbiting, other nervous tics .	[ ]	_____	.
is often angry	[ ]	_____	.
inadequate self-concept . . .	[ ]	_____	.
does not display emotion . . .	[ ]	_____	.
often appears depressed . . .	[ ]	_____	.
hypoactive	[ ]	_____	.
hyperactive	[ ]	_____	.
temperamental	[ ]	_____	.
(Continued on-I-2)			

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification:_____

Date(s) of modification:_____

Provider(s) of modification:_____

Team judgment of student success after modification:_____

Criteria used?_____

COMMENTS:_____

_____

FORM 13, Part II, Page I-2. SOCIAL/EMOTIONAL ADJUSTMENT

Student Name:_____

Student I.D.#:_____

STUDENT CHARACTERISTICS	In Relation To Modifications: BEFORE	AFTER	COMMENTS
poor frustration tolerance . .	[ ]	_____	.
does not adjust to changes in routine	[ ]	_____	.
is often afraid	[ ]	_____	.
is loud and boisterous	[ ]	_____	.
frequently fights	[ ]	_____	.
destroys property	[ ]	_____	.
steals	[ ]	_____	.
lies	[ ]	_____	.
does not relate well to peers .	[ ]	_____	.
is hostile to other students . .	[ ]	_____	.
is argumentative	[ ]	_____	.
is very social (has many friends)	[ ]	_____	.
(Continued on I-3)			

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification:_____

Date(s) of modification:_____

Provider(s) of modification:_____

Team judgment of student success after modification:_____

Criteria used?_____

COMMENTS:_____

_____

FORM 13, Part II, Page I-3. SOCIAL/EMOTIONAL ADJUSTMENT

Student Name:_____

Student I.D.#:_____

STUDENT CHARACTERISTICS	In Relation To Modifications: BEFORE	AFTER	COMMENTS
seems threatened by other students	[ ]	_____	.
does not participate in games or other sports activities . .	[ ]	_____	.
is withdrawn/shy	[ ]	_____	.
Other, specify:_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification:_____

Date(s) of modification:_____

Provider(s) of modification:_____

Team judgment of student success after modification:_____

Criteria used?_____

COMMENTS:_____

_____

FORM 13, Part II, Page J-1. SCHOOL BEHAVIOR

Student Name:_____

Student I.D.#:_____

STUDENT CHARACTERISTICS	In Relation To Modifications: BEFORE	AFTER	COMMENTS
does not participate in class activities	[ ]	_____	.
does not "own" actions, blames others for his actions . . .	[ ]	_____	.
makes "excuses"	[ ]	_____	.
makes inappropriate noises . .	[ ]	_____	.
is impulsive	[ ]	_____	.
has difficulty working independently	[ ]	_____	.
completes little work	[ ]	_____	.
is inattentive	[ ]	_____	.
is easily distracted	[ ]	_____	.
often daydreams	[ ]	_____	.
has vacant expression	[ ]	_____	.

(Continued on J-2)

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification:_____

Date(s) of modification:_____

Provider(s) of modification:_____

Team judgment of student success after modification:_____

Criteria used?_____

COMMENTS:_____

_____

FORM 13, Part II, Page J-2. SCHOOL BEHAVIOR

Student Name:_____

Student I.D.#:_____

STUDENT CHARACTERISTICS	In Relation To Modifications: BEFORE	AFTER	COMMENTS
cheats on tests	[ ]	_____	.
is defiant	[ ]	_____	.
talks without permission . . .	[ ]	_____	.
plays with objects while working or listening	[ ]	_____	.
often out of seat	[ ]	_____	.
cannot/will not work with others	[ ]	_____	.
does not follow rules in class or on playground/school property	[ ]	_____	.
is in constant motion	[ ]	_____	.
is a passive resister	[ ]	_____	.
has excessive absences	[ ]	_____	.
is excessively tardy	[ ]	_____	.
is hostile toward adults . . .	[ ]	_____	.

(Continued on J-3)

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification:_____

Date(s) of modification:_____

Provider(s) of modification:_____

Team judgment of student success after modification:_____

Criteria used?_____

COMMENTS:_____

_____

FORM 13, Part II, Page J-3. SCHOOL BEHAVIOR

Student Name:_____

Student I.D.#:_____

STUDENT CHARACTERISTICS	In Relation To Modifications:		COMMENTS
	BEFORE	AFTER	
encourgaes peers to disrupt class/ other activities	[ ]	_____	.
will not follow direction/ guidance	[ ]	_____	.
poor attitude towads adult authority	[ ]	_____	.
Other, specify:_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification:_____

Date(s) of modification:_____

Provider(s) of modification:_____

Team judgment of student success after modification:_____

Criteria used?_____

COMMENTS:_____

_____

FORM 13, Part II, Page K. MOTOR COORDINATION

Student Name:_____

Student I.D.#:_____

STUDENT CHARACTERISTICS	In Relation To Modifications: BEFORE	AFTER	COMMENTS
fine coordination:			
handwriting	[ ]	_____	.
cutting	[ ]	_____	.
pasting	[ ]	_____	.
printing	[ ]	_____	.
drawing	[ ]	_____	.
difficulty in making designs .	[ ]	_____	.
gross coordination:			
walking	[ ]	_____	.
running	[ ]	_____	.
jumping	[ ]	_____	.
poor balance	[ ]	_____	.
poor eye hand coordination . .	[ ]	_____	.
Other, specify:_____	[ ]	_____	.

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification:_____

Date(s) of modification:_____

Provider(s) of modification:_____

Team judgment of student success after modification:_____

Criteria used?_____

COMMENTS:_____

_____

FORM 13, Part II, Page L. PRESCHOOL DEVELOPMENT

Student Name:_____

Student I.D.#:_____

STUDENT CHARACTERISTICS	In Relation To Modifications: BEFORE	AFTER	COMMENTS
self-feeding	[ ]	_____	.
uses spoon	[ ]	_____	.
uses fork	[ ]	_____	.
uses knife	[ ]	_____	.
self-dressing	[ ]	_____	.
ties own shoes	[ ]	_____	.
self-toileting	[ ]	_____	.
washes self	[ ]	_____	.
Other, specify:_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification:_____

Date(s) of modification:_____

Provider(s) of modification:_____

Team judgment of student success after modification:_____

Criteria used?_____

COMMENTS:_____

_____

FORM 13, Part II, Page M-1. PERCEPTUAL DYSFUNCTIONS Student Name:_____

Student I.D.#:_____

STUDENT CHARACTERISTICS	In Relation To Modifications: BEFORE	AFTER	COMMENTS
reversals	[ ]	_____	.
distortions	[ ]	_____	.
visual problems:			
decoding	[ ]	_____	.
discrimination	[ ]	_____	.
constancy	[ ]	_____	.
figure-ground confusion . .	[ ]	_____	.
auditory problems:			
discrimination	[ ]	_____	.
closure	[ ]	_____	.
sound blending	[ ]	_____	.
memory problems:			
visual input	[ ]	_____	.

(Continued on M-2)

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification:_____

Date(s) of modification:_____

Provider(s) of modification:_____

Team judgment of student success after modification:_____

Criteria used?_____

COMMENTS:_____

_____

FORM 13, Part II, Page M-2. PERCEPTUAL DYSFUNCTIONS Student Name:_____

Student I.D.#:_____

STUDENT CHARACTERISTICS	In Relation To Modifications: BEFORE	AFTER	COMMENTS
memory problems, cont.			
oral input	[ ]	_____	.
retrieval/output:			
oral	[ ]	_____	.
written	[ ]	_____	.
kinesthetic	[ ]	_____	.
Other, specify:_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification:_____

Date(s) of modification:_____

Provider(s) of modification:_____

Team judgment of student success after modification:_____

Criteria used?_____

COMMENTS:_____

_____

FORM 13, Part II, Page N-1. GENERAL HEALTH

Student Name:_____

Student I.D.#:_____

STUDENT CHARACTERISTICS	In Relation To Modifications: BEFORE	AFTER	COMMENTS
excessive physical symptoms (pains)	[ ]	_____	.
low vitality	[ ]	_____	.
frequent illness	[ ]	_____	.
headaches: frequent or severe .	[ ]	_____	.
dizzy spells	[ ]	_____	.
visual problems	[ ]	_____	.
wears glasses	[ ]	_____	.
auditory problems	[ ]	_____	.
wears hearing aid	[ ]	_____	.
takes a regular medication . .	[ ]	_____	.
uses illicit drugs	[ ]	_____	.
frequent bathroom trips . . .	[ ]	_____	.
(Continued on N-2)			

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification:_____

Date(s) of modification:_____

Provider(s) of modification:_____

Team judgment of student success after modification:_____

Criteria used?_____

COMMENTS:_____

_____

FORM 13, Part II, Page N-2. GENERAL HEALTH

Student Name: _____

Student I.D.#: _____

STUDENT CHARACTERISTICS	In Relation To Modifications:		COMMENTS
	BEFORE	AFTER	
drooling	[ ]	_____	.
continual or severe drainage of:			
eyes	[ ]	_____	
ears	[ ]	_____	.
nose	[ ]	_____	.
fondles self excessively (this has been reported as a possible early clue to child molestation, sexual abuse)	[ ]	_____	.
Other, specify: _____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification: _____

Date(s) of modification: _____

Provider(s) of modification: _____

Team judgment of student success after modification: _____

Criteria used? _____

COMMENTS: _____

_____

FORM 13, Part II, Page O. CHARACTERISTICS NOT OTHERWISE COVERED

Student Name: _____

Student I.D.#: _____

STUDENT CHARACTERISTICS	In Relation To Modifications:		COMMENTS
	BEFORE	AFTER	
Specify characteristics not covered in other sections of the Individual Student Record, Part II:			
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.
_____	[ ]	_____	.

BEFORE: Check if a characteristic is a problem BEFORE modification.

AFTER: Note "OK" if no longer a problem; "CP" if a continuing problem; and "NP" if the characteristic is a new problem.

MODIFICATIONS/INTERVENTIONS: (please be specific and concrete)

Type(s) of modification: _____

Date(s) of modification: _____

Provider(s) of modification: _____

Team judgment of student success after modification: _____

Criteria used? _____

COMMENTS: _____

_____

FORM 13, Part III, Team Referral for Services/Assessment

Student Name_____

Student I.D.#_____

Instructions.

Complete only for those students whom the team refers to other school or community services or to assessment. Check all that apply.

Example.

This part of the Individual Student Record has four response options for each item in a listing of possible service providers. In some cases all options may be necessary to describe the service/assessment levels for a student. In some cases one, two, or three, or none of the options apply to a particular student. Below is an example of a student who was referred, reviewed and found eligible for medical services but who had not begun therapy for a continuing health problem at the end of the fall semester 1985-85 data collection period:

	Referred	Reviewed/ Assessed	Eligible	Served
(a) public health	[x]	[x]	[x]	[ ]

If, alternatively, the student had been referred and assessed and was ineligible for services only the first two options would have been checked.

	Referred	Reviewed/ Assessed	Eligible	Served
1. Other school programs and community services:				
(a) public health	[ ]	[ ]	[ ]	[ ]
(b) mental health	[ ]	[ ]	[ ]	[ ]
(c) rehabilitation	[ ]	[ ]	[ ]	[ ]
(d) vocational/career education	[ ]	[ ]	[ ]	[ ]
(e) English as a Second Language (bilingual)	[ ]	[ ]	[ ]	[ ]
(f) GATE (Gifted and Talented Education)	[ ]	[ ]	[ ]	[ ]
(g) C-E (Chapter 1/SCE (State Compensatory Education))	[ ]	[ ]	[ ]	[ ]
(h) employment/job service	[ ]	[ ]	[ ]	[ ]
(i) service clubs (example: Lions)	[ ]	[ ]	[ ]	[ ]
(j) social services, welfare, family services	[ ]	[ ]	[ ]	[ ]
(k) child protective services	[ ]	[ ]	[ ]	[ ]

FORM 13, Rev. 10-10-85; GS/MS

FORM 13, Part III, cont. Student Name_____

Student I.D.#_____

1. Other school programs and community services, cont.

	Referred	Reviewed/ Assessed	Eligible	Served
(l) Head Start	[ ]	[ ]	[ ]	[ ]
(m) truancy control officer	[ ]	[ ]	[ ]	[ ]
(n) school district attendance and review board (SARB)	[ ]	[ ]	[ ]	[ ]
(o) remedial math	[ ]	[ ]	[ ]	[ ]
(p) remedial reading	[ ]	[ ]	[ ]	[ ]
(q) school office (principal)	[ ]	[ ]	[ ]	[ ]
(r) counselor	[ ]	[ ]	[ ]	[ ]
(s) school nurse for medical evaluation, followup, home visits	[ ]	[ ]	[ ]	[ ]
(t) psychologists	[ ]	[ ]	[ ]	[ ]
(u) general education consultant	[ ]	[ ]	[ ]	[ ]
(v) School Improvement Program (SIP)	[ ]	[ ]	[ ]	[ ]
(w) assessment for possible special education services	[ ]	[ ]	[ ]	[ ]
(x) other, specify:_____	[ ]	[ ]	[ ]	[ ]

COMMENTS:

FORM 13, Rev. 10-10-85; GS/MS

Form 13, Part IV, Student Status at the End of the Data Collection Period (December 13, 1985)

Student Name_____

Student I.D.#_____

Instructions.

Complete this part of the Individual Student Record for all students in your school sample. Check all that apply.

(a) original modifications still in progress [ ]

(b) modifications have been changed, new modifications are in progress [ ]

(c) student succeeding with modifications, team is still involved [ ]

(d) student successful with modifications, team is no longer involved (case closed) [ ]

(e) student has been referred for other school or community services [ ]

(f) other, specify_____ [ ]

COMMENTS:

FORM 13, Part V, Student Enrollment at End of Data Collection Period (December 13, 1985)

Student Name_____

Student I.D.#_____

Instructions.

Check all that apply and specify where required.

(a) regular education (specify) [ ]

_____

_____

(b) categorical programs other than special education (specify) [ ]

_____

_____

(c) school/district developed programs (specify) [ ]

_____

_____

(d) special education programs (specify types of instructional program and exceptional need classification, for example: resource specialist program (RSP), speech therapy (DIS) and speech impaired) [ ]

_____

_____

(e) student has moved out of school attendance area [ ]

(f) student has dropped out of school [ ]

(g) student has transferred to another school [ ]

(h) other (graduation, illness, death, specify) [ ]

_____

COMMENTS:

FORM 13, Rev. 10-10-85; GS/MS

Coop Agreement No.
G0084C3505

PARTIAL LISTING OF MODIFICATIONS

A. Environment

study carrels
change seating, preferential seating
reduce distractions where possible
change to another class
change groups
create more physical space for learner
consider physical health problem
cross-age, cross-grade, peer or adult tutors
special study area
use small groups
individualized groups
change: teacher, grade, school
change of schedule
adjustment of length of day
reduce length of day
use activity breaks
systematic exclusion:
- -student works in conf. area goes to class only when willing to follow directions

use "timeout" (remove student from classroom)
seat student next to teacher's desk
use detention
move student
- -away from friends
- -close to front of class
- -close to center of instruction
- -to lighter side of room
- -to dark side of room
- -near solid "security" object

after school

B. Materials

use different materials:
- -tapes
- -manipulatives
- -task cards
- -slates
- -"math their way"
- -work job blocks
- -filmstrips
- -overhead projectors
- -records

use typewriter
use diagnostic materials
use district continuums

B. Materials (continued)

use computer
remedial reading, math programs
Chapter I/School Improvement Program/Miller-Unruh services
San Diego Quick Assessment & Reading Continuum
computer assisted instruction
use timer to direct & stimulate attention
directions or letter/number models on desk for easy reference & self-correction

C. Assignments

simplify
shorten
individual contracts
use buddy system/partners
use of notebooks for assignment
use copying for visual/motor reinforcement
- -alternative assignment structure
- -extend time to complete assignments

use boldface type
use alternative assignments structure (i.e.,offer a choice of three methods of reporting
use specialized assignments to be done at home with assistance of their parents
SSR & SSW to generate fluency in reading/writing
- -SSR=sustained silent reading
- -SSW=sustained silent writing

assign specific tasks that might build self-esteem use high interest/low level materials
breakdown tasks into small steps
give student permission to "contract" for reduced assignment
form small work groups where all students are responsible for making sure that each member successfully completes assignments
restructure priorities/assignments

D. Teaching Techniques

agreement on learner's part to accept designated responsibilities
classroom contracts
have learner keep study book
if learner is told something it is done (i.e., compliance with directions)
have a joint teacher/pupil signal that the student gives when he doesn't understand materials, directions, etc., or needs more help
teach child strategies on "how to remember"
team the student with a higher functioning student as a role medel
have student close his/her eyes & try to visualize the information, seeing things in their minds
determine time of day student feels and works best
vary voice volumne as required, vary pace (speak slowly)
use eye contact
use hand on shoulder contact
reduce situational amount/degree of work when appropriate
teacher circulates through room
repeat instruction-same way
list assignments and/or instructions on board
use behavior modification
use visual aids in giving instructions (overhead/board)
don't grade during the learning phase - but do analyze and feed back to learner
use language master
"show me" cards or other whole class participation
use stopwatch/timer to motivate childern to master combinations, etc.
build concepts by dramatization, movement, concrete materials
an agreement to "back-off" from the student to see if he or she responds to a type of "benign neglect"
reinforce correct responses promptly
use praise
reword for starting, continuing or completing tasks
clarify rules
provide routine schedule
list & use student's interests
teach to student's strength areas
use modifications on whole class (rather than single-out student)
compare student to him/herself - not to others
grade student on progress from point A to point B
Re-teaching (defined as presenting instructions with a different modality, technique or material)
have student rehearse expectations during the day
grade on quality of work
with administration approval allow student to take course pass/fail
simplify communication, adapt style to learner
repeat directions slowly and have student repeat them
simplify oral directions to a maximum of three sequential actions
spend extra time reviewing what happened yesterday, what will happen today, and what will happen tomorrow
walk through or rehearse new classroom activities, routines, or habits
establish simplified, consistent routines & provide assistance/supervision during transition from one activity to another
use visual exercises
vary instructional materials/methods
emphasize auditory materials & methods such as rhymes, songs, records, tapes, etc.

E. Learning Channel

for auditory sequencing problems:
-limit number of oral instruction
-teach note taking skills
-use lessons on overhead/tape recorder
auditory
visual
kinesthetic
review kindergraten inventory of development
give the Learning Methods Test and/or Learning Rate Test (from reading center)
neurological impress system
determine strongest sensory modality & structure assignments around it.

F. Miscellaneous

retention in grade
adjustment of grade
social promotions
make documentation of interventions/modifications history available to other staff, special education personnel
keep work samples
review cumulative folder
develop special classes for study skills, homework (and other needs that arise for students unable to fit into the "special education" mold)

G. Parent Contact

parent/teacher conferences
parent/teacher/student conferences
parent/teacher/student/principal/ assistant principal/counselor conferences
classroom intervention through phone calls to parent
parent as volunteer classroom aide
enlist parent in special homework assignments
daily/bi-weekly/weekly reports to parents containing progress, performance, effort or citizenship information

G. Parent Contact (continued)

develop home-school contracts for monitoring, disciplining, encouraging or shaping behavior of student effectively and consistently
be explicit, frank & tactful
encourage parents to express their feelings about what's happening and/or to give additional background information (diet, sleep habits, behavioral history, etc.)
use active listening
offer direction & specific assistance
require parent to assume responsibility for some specific activity, do not hesitate to use such statements as: "I need you to...get back to me by Friday...", "It is absolutely necessary to..."
put problem into broader perspective, e.g., "If we allow this to continue, down the road, Susie will..."
be generous with "I care" messages & statements about what the child does do that is right & appropriate
in conferences with parent & pupil:
-state problem in terms of specific behavior, instead of "you are a bad kid" or "he/she" is a "bad kid" type messages
in conferences, con't.
-use specific & concise statements of where "we are" & where "we want" to go, should be positive, a way of sharing, discussion of different ways to "get there"
-be frank, but nonpunitive about possible negative consequences if behavior continues
-setup timeline in near future to review effects of plan in teacher/ parent/principal conferences:
-focus on relative severity of problem, review effects of alternatives used already
-encourage parent to express feelings about situation and/or to give additional background information
-plan strategies & define solutions
-be specific about what teacher, principal, & parent should/will do

H. Outside Resource Intervention

referrals to other programs, offices & agencies:
- -Head Start
- -public health
- -mental health
- -far northern
- -truancy control officer
- -school district attendance review board
- -Bilingual Education
- -ESL
- -remedial math program/specialist
- -remedial reading program/ specialist
- -refer for special education assessment
- -refer to office
- -refer to counselor
- -refer to nurse for medical evaluation, followup, home visits
- -refer to psychologist
- -refer to general education consultant
- -refer to speech and language specialist
- -refer to School Improvement Program
- -refer to Title I

refer to other agencies as student eligible/resources are available

consult with other staff on appropriate and/or available resources for referral

establish a school-level guidance or solution committee

refer to community special services family counseling

I. Behavior Shaping

1) Set aside five minutes at same time everyday to allow and encourage student to express feelings and attitudes about himself and school. Be as nonjudgemental, open ended, and warm as possible. Then briefly review progress and make a few directive statements.

I. Behavior Shaping (continued)

2) Perform thorough task-analysis of problem behavior; sequence all components and shape through frequent feedback and reinforcement.

3) Teacher and student establish a signal or cue to help monitor/ control the problem behavior.

4) Work with aide: train aide in shaping procedures and learning theory as much as possible. After teacher given instructions and demonstration, have aide provide positive, guided practice before allowing student to start work independently.

5) Use cross-age tutor, peer tutor, or peer counselor to model specific types of behavior.

6) Use a "classroom contingency management program, a) including systematic monitoring of some kind. Teacher monitored or child monitored, must be quiet and easy to do; b) benefits include more immediate and predictable feedback, makes it easier to be accountable/ responsible for oneself, makes work more manageable, less confusing, visual representations help motivate; c) perform a thorough behavioral analysis, identify antecedent behavior consequence sequences, manipulate/experiment with antecedents and consequences; d) collect data to share with other personnel, administrators, parents (may be frequency, duration or interval data).

enlist student in active problem solving through elicitation of information pertaining to goals, interests:
- -areas in which student feels he/she does really well
- -areas in which student would like more help
- -student goals or ambitious for the rest of the year, for next year, after finishing school.

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I. Behavior Shaping (continued)

-student goals for a job/career he/she would like after finishing school
-ways student learns best
-school activities enjoyed most
-community activities enjoyed most
-home activities enjoyed most

involve student in extra curricular activities/other special interest groups

pursue before or after school contact time with student

encourage student to express feelings about situations, use "active listening"

state problem in terms of specific behavior,instead of "you are a bad kid" type messages"

reiterate limits, guidelines and consequences in a calm manner

discuss ways of helping student stay within guidelines

require student to choose and be accountable for a plan of action

provide student with special times to discuss problems, feelings, accomplishments

Draft Form 14, Compilation of Surveys of Participants in Student Study Teams, Form 10, Fall Semester, 1985-86.

TO: Margaret Scheffelin, Project Director
Program Evaluation and Research Division
Department of Education
721 Capitol Mall
Sacramento, CA 95814

FROM: _____/_____
Name of SELPA Date

_____(. .)_____
SELPA Representative Phone No.

SUBJECT: COMPILATION OF SURVEY FORM 10s FROM PARTICIPATING SCHOOLS

Participant survey forms (Form 10) were distributed and returned as shown in the chart below. A total of _____ (number) completed survey forms are attached.

Display of Participation in Survey

Participating Schools	Number of Forms Distributed at the School	Number of Forms Completed and Returned
1.		
2.		
3.		
4.		
TOTALS		

Draft Form 15, Compilation of Logs of Student Study Team Process Decisions, Form 11, Fall Semester, 1985-86.

TO: Margaret Scheffelin, Project Director
Program Evaluation and Research Division
Department of Education
721 Capitol Mall
Sacramento, CA 95814

FROM: _____/_____
Name of SELPA Date

_____(____)_____
SELPA Representative Phone No.

SUBJECT: COMPILATION OF LOG FORM 11 FROM PARTICIPATING SCHOOLS

Log forms (Form 11) were distributed and returned as shown in the chart below. A total of _____ (number) completed log forms are attached. All student names have been replaced with student project identification numbers.

Display of Participation in Survey

Participating Schools	Number of Student Study Teams Keeping a Log at the School	Number of Completed Logs Returned to the SELPA
1.		
2.		
3.		
4.		
TOTALS		

Draft Form 17, Compilation of Individual Student Records

Form 13, Fall Semester, 1985-86.

TO: Margaret Scheffelin, Project Director
Program Evaluation and Research Division
Department of Education
721 Capitol Mall
Sacramento, CA 95814

FROM: _____/_____
Name of SELPA Date

_____(____)_____
SELPA Representative Phone No.

SUBJECT: COMPILATION OF STUDENT RECORD FORM 13 FROM PARTICIPATING SCHOOLS

Student record forms (Form 13) were distributed and returned as shown in the chart below. A total of _____ (number) completed student record forms are attached. All student names have been replaced with student project identification numbers.

Display of Participation in Student Records

Participating Schools	No. of Students Referred to SST In Record Period	No. of Students For whom a Record was Kept	No. of Completed Student Records Returned to SELPA
1._____	_____	_____	_____
2._____	_____	_____	_____
3._____	_____	_____	_____
4._____	_____	_____	_____
TOTALS	_____	_____	_____